Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

ZIAL 18420

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			46				R	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			40 minus 20=		. 20		X	9=	180	OR	X\$18=	
INDEPENDENT CLAIMS			5 min	5 minus 3 =		• 2		40=	80	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						X	+1	35=	135	OR	+270=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	LTC	TAL	750	OR	TOTAL	
CLAIMS AS AMENDED - PAF					TII				1	OTHER		
		(Column 1) CLAIMS		(Colur		(Column 3)	SN	IALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠	Minus	**		=	. X	9=		OR	X\$18=	
	Independent	•	Minus	***		=	Х	40=		OR	X80=	÷ . * .
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						-1	35=		OR	+270=	
			,					TOTAL		OD	TOTAL	
٠,	(Oathur 4)					(Calumn 0)	ADDI	T. FEE		JOH	ADDIT. FEE	
AMENDMENT B	in the second	(Column 1) CLAIMS			mn 2) IEST	(Column 3)			ADDI-	: 		ADDI-
		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=	X	\$ 9 =		OR	X\$18=	
	Independent	•	Minus	***		=	×	40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		.*					
								35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	and we for		mn 2)	(Column 3)		×				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	ï
	Independent	•	Minus	***		=	l l x	—— 40≂			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			T CLAIM		I			OR		-	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3								35=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nur	mber Previously Pa	aid For" (Total o	or Indepen	dent) is th	e highest numbe	er found i	n the ap	propriate bo	x in co	olumn 1.	